EMSC Coordinator Role and Resources

Tia Dalrymple, RN

We are so excited you've decided to join us!

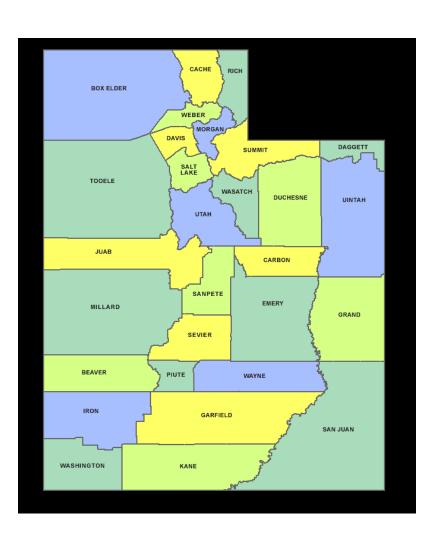
What is EMSC?



- •EMS for Children (EMSC) is a program within the Bureau of EMS and Preparedness and the Utah Public Health Department that is funded by federal grant money
- •EMSC partners with many different organizations including Primary Children's Hospital, Highway Safety, Zero Fatalities, Air Med, the U of U Burn Center, among others.
- •The program is designed to ensure that all children and adolescents, no matter where they live, attend school, or travel, receive appropriate care in a health emergency.
- We facilitate quality pediatric care from the pre-hospital setting, emergency department, hospitalization, rehabilitation and return to home.

www.hss.gov

EMSC Coordinators are an Essential Part of the Program



<u>Utah EMSC Coordinators Requirements</u>

- Currently work for a Utah EMS agency/hospital as an EMT, Paramedic, RN, NP, MD, or approved by Utah EMSC.
- Current Bureau of EMS Instructor status, and/or approved by Utah EMSC.
- Current PEPP/PALS Provider. (Which we can help you get)

Annual Requirements

- •Complete a minimum of three qualifying events per year.
- Attend the annual Utah EMSC Coordinator Update.
- Log qualifying events online in the Coordinators secure area on our website User Name: emsc Password: 4kids

Commitment Letter: Reevaluated every 2 years

EMSC Coordinator Commitment 2012

As we set out into this New Year we are doing what healthcare professionals do best, making an assessment. We have holes in our EMSC Coordinator staff and before we start filling these spots we would like to know if you, our current Coordinators are still interested in working with us to further the EMSC goals. We appreciate, and are often astounded, by the dedication that many of you show on a daily basis, but we also have members that have not been active in the program for some time and so we ask that all members read, sign, and return this letter of commitment for 2012.

EMSC Overall Goal

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system. We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

Utah EMSC Coordinator Requirements

- A Coordinator must work for a Utah EMS agency/hospital as an EMT, Paramedic, RN, Advance Practice RN, MD, or be approved by Utah EMSC.
- A Coordinator must hold Bureau of EMS Instructor Status, and/or be an educator approved by Utah EMSC.
- A Coordinator must be a current PEPP/PALS Provider. (We ask that you provide copies of your current certification cards. If you have lapsed, please arrange with Andy to attend a class.
 Arrangements should be made no later than January 2012)

Annual Requirements

- 1. Complete three qualifying activities per year. (See list below)
- 2. Complete the online Utah EMSC Coordinator Report Form as the qualifying activities are completed. We will be improving our tracking system and you will be given progress reports throughout the year. It is important that you log into the tracking system and record your participation after each activity. To access the tracking system, go to the EMSC web page; http://health.utah.gov/ems/emsc/, login to the EMSC Coordinator Resource Area with the login "emsc" and the password "Coordinator07" which is case sensitive. The annual time period for qualifying events is January 01 to December 31. (As a federal grant we must account for the activity of the Coordinator staff. This is our documentation process.)
- Attend the annual Utah EMSC Coordinator Update. Please note that updates do not count as a
 qualifying activity. (Attendance at this retreat is mandatory unless written excuse is obtained
 in advance from our Lead Coordinator Andy Ostler. Your input at the retreat is essential in
 reviewing EMSC goals and determining the direction of the program.)

Compensation We know that much of your work in EMSC is voluntary and comes from your commitment to improving pediatric care in your communities. We cannot tell you enough how much we appreciate your time and effort. When you aid in EMSC sponsored teaching such as PEPP and PALS classes or you are asked to oversee a specific state sponsored event, you may be compensated for your time and travel. These events do count as qualifying activities. Coordinators available and closest to the event will be utilized first. This is most cost effective for the grant. The annual retreat is paid for by EMSC and usually includes food and accommodations. In response to feedback received at the 2011 EMSC retreat there will be a new emphasis on pediatric education in 2012. As Coordinators you are the EMSC representative for your county. You play a key role in circulating pediatric education in this state. We will work in this next year to connect you with the training officers and educators in your counties. We invite you to network with all pediatric healthcare providers; pre-hospital providers, hospitals, and even clinics and doctor's offices within your counties. When the state produces pediatric education (newsletters, prevention programs, etc) we would like to know that by handing it to our Coordinators it will be distributed throughout the state of Utah. We want to reach everyone responsible for the emergency care of a child. Please sign and return the statement below so that we can go into the next year with a strong and dedicated team. I am committed to being an active member of the EMSC Coordinator Staff. I am committed to the goals, objectives, and requirements that have been outlined in this Print Current Address: Current Employer: Or indicate below. I am no longer interested in participating in EMSC Please return this by email reply or mail before January 15, 2012

What is EMSC asking of you?

Annual Requirements

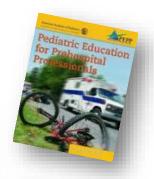
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- 3. Attend the annual Utah EMSC Coordinator Update. Please note that updates do not count as a qualifying activity. (Attendance at this retreat is mandatory unless written excuse is obtained in advance from our Lead Coordinator Andy Ostler. Your input at the retreat is essential in reviewing EMSC goals and determining the direction of the program.)

#1 You are the EMSC Work Force

Complete three qualifying activities per year.

- Bike Rodeo
- Buckle Tough Booth
- Hosting of a PEPP Class
- Hosting a PALS Class
- Assist in teaching a PEPP/PALS Class
- Presenting any of the modules developed for CME
- Spot the Tot booth or CME
- First Aid training involving pediatrics
- Daycare training First aid and/or CPR
- Children with Special Health Care Needs- enrollmentteaching about the registry, etc.
- Broselow training
- Backboard training
- Helmet awareness bike, scooter, ATV etc.
- EMT initial training pediatric portions
- Scout training- pediatric specific
- Safety Fairs
- Conference presentations
- Other activities approve by EMSC staff











#2 Ensure the EMSC Grant's Continuation

Report your efforts (the 3 qualifying events) on the website, That way you verify that the grant is being used as outlined.

- ☐ Complete an event
- ☐ Go to the EMSC website http://health.utah.gov/ems/emsc/
- ☐ Select the Coordinators Page
- ☐ Select Secure Access and login ID: emsc Password: 4kids
- ☐ Record your events...and get rewarded for doing so at the retreat

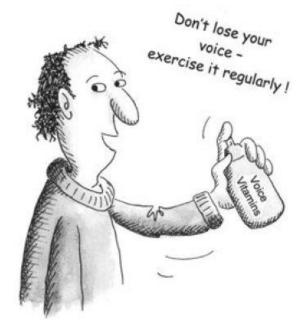
#3 You are Your County's Voice for Pediatric Issues

• Through attendance at the annual retreat

Through submission to and distribution of the EMSC newsletter

• Through communication throughout the year with the EMSC

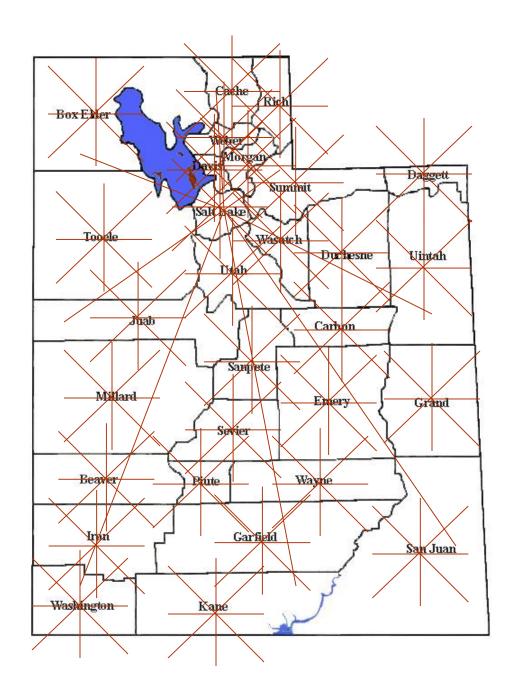
staff



New Emphasis

 As Coordinators you are the EMSC representative for your county. You play a key role in circulating pediatric education in this state. Using the contact list provided please try to connect with the EMS agencies and hospitals in your counties. We invite you to network with all pediatric healthcare providers; pre-hospital providers, hospitals, and even clinics and doctor's offices within your counties. When the state produces pediatric education (newsletters, prevention programs, etc) we would like to know that by handing it to our Coordinators it will be distributed throughout the state of Utah. We want to reach everyone responsible for the emergency care of a child.

We Work for State-wide Coverage Through You



What does EMSC do for you?

You are Your Country's Pediatric Expert and Educator

- We provide you with current pediatric training
- We promote your role in the county
- We highlight your efforts in our statewide newsletter
- We will have your contact information on website



- This builds your resume
- Gives you a direct link to state government and other counties
- Through the newsletter and other offerings you have first hand information on current trends in pediatric healthcare
- A way to get a little extra cash
 - For teaching PEPP and PALS classes
 - EMS for Children events
- You will get to associate with an AWESOME team



Resources



Wouldn't it be great if I had someone...

- Who knows the program in and out and can answer my questions or connect me to others that will.
- Who always has their phone attached to their hip to answer calls (even in Disneyland).
- Who can coordinate the steps for bringing a PEPP or PALS class to my area.



Andy Ostler, EMT, PM

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Utah DMAT team, Pediatric Strike Team
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Other EMSC Staff



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Hilary Hewes, MD
PCMC ED Attending Physician
EMSC Medical Director

EMSC Connects, our newsletter

- A Word from the Program Manager
- The Doc Spot
- Protocols in Practice
- Pedi-points
- Peds Preparedness
- Expert Input
- From the Field
- The Calendar
- Did You Know?
- Meet Our Coordinators



Written for You

EMSC Connects

Volume 2, Issue 2

February 2013

Emergency Medical Services for Children Utah Bureau of EMS and Preparedness

A Word From Our Program Manager

Greetings and a special shout-out to our first three hospitals to complete the pediatric readiness survey!

Special points of

Child maltreatment

· Reporting suspicions

Child abuse by

Inside this

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interest:

Way to go Mountain View Hospital. Sevier Valley Medical Center, and Uintah Basin Medical Center!

I know the other 43 hospitals are probably in process of completing it as well and I'm happy to answer any questions that come up. Just email me at wjohnson@utah.gov

Aside from this pediatric survey, do you have a spiral bound flip book in your ambulance that has pediatric protocols for a number of pediatric emergency situations? Well,

these protocols are being updated, simplified, and combined with the adult protocols. We are now looking at the possibility of



turning them into a cell phone/tablet/ iPad mobile app. What do you think? Would that be more or less convenient when you get a pediatric call and need to check on a procedure or dosage? Please share your opinion on these

protocols and how they would be most useful to you, by clicking below and answering the 5 multiple choice questions. There is also a box where you can type in any other opinions you have.

https:// docs.google.com/ spreadsheet/ viewform? fromEmail=true&form key=dFNfZThQcmjqU nNaZHhoRiFPNkIBY2c

I want the protocols to be useful to you. so I appreciate your feedback!

Thanks Whitney



Pedi Points Tia Dalrymple RN, BSN



Child Dynesing

Rape

When looking into the selling face of a child, it's difficult to imagine that anyone would hart rise principle in a registration of the control of the contr

EMS providers have an important role in protecting these innocent children. You have Data provides here an important role in protecting these involved cruites. It you need so not. I seek on the scene situation, and environment that other healthcare provides do not. I told us that a TV fell off is direction on the situation of the server head injury and we would have bought it. If it were not for the DS responder who reported to the doctor that he did not see a single dresser or bureau in the home. After an investigation, an arrest was made.

First responders, please be vigilant. Know how to identify the signs of abuse and always follow through with the proper reporting procedures

Contara for Disease Control more of one

Bruce Herman MD, PCMC Emergency Department Attending Physician Child Maltreatment in the 21st Century

Child maltreatment or abuse is responsible for 2000 deaths per year and this is likely a huge underestimate since many cases are unreported. It is the leading cause of traumatic death in children <4 yrs. This is as many deaths as from all childhood cancers

FM Spessonders should keep the possibility of child maltreatment in their mind on all

- Ask yourselves; . Does the history provided by the caretaker adequately explain the injuries?
 - ⇒ look for inconsistencies or changes in the history provided ⇒ Is the story vague?
- Are the physical findings inconsistent with the child's developmental age . Can the history be corroborated?
- ⇒ Were there witnesses to the event?
- ⇒ Does the environment validate the story?
- Is there any medical condition that may confuse the as
 - ⇒ Osteogensis Imperfecta.





Old (yellow) and new (purple) bruises Old and new fractures

The Doc Spot -Continued Red Flags In Your Physical Finding

Peculiar injury locations

- * Bruises on shine and foreheads of a toddler learning to walk
- Inflicted bruises often occur on "protected" areas. + Ears, abdomen, back of the legs, buttocks or perineum
- "Those that don't cruise, don't bruise", children that are not crawling are unlikely to bruise themselves Patterned/shaped injuries are always concerning, especially without a correlating
- The skin is the most common site of injury so a full inspection is important. Injuries to

the brain and abdomen are less likely, but they account for the majority of death and disability associated with maltreatment. Minor injuries precede major ones, early recognition saves lives. If you don't look for them, you won't find them.



formerly known as Shaken Baby Syndrome, ITBI is a leading cause of serious head injury in small children. There are 25-30 reported cases per 100,000 children every exer. For every 1' reported cases there may be 100 curreported. Usually the vicin is very young, under the age of 1 yr. The median age is 4-0 months, but they can range from 1 month to >10 years.



- ⇒ large heavy head/brain
- ⇒ increased extracerebral spaces
- ⇒ loose attachments of meninge
- ⇒ weak neck muscles
- There is a "constellation" of injuries associated with a











⇒ Decreased appetite, poor feeding or vomiting

⇒ Head appears large or soft-spot bulging

Inability of eyes to focus or track me

⇒ Lethargy/decreased muscle tone

⇒ Extreme irritability

⇒ Difficulty breathing

⇒ No smiling or vocalization.

⇒ Rigidity or posturing seizures









Peds Protocols



Happenings

Current trends in peds





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March 2013 Mon Wed Fri Sat 250/6 Kida Pav 50 1 EMPC, Delta UT 5 PALS recent MVW SEMS THAT UCTORS dan Pire 💠 🍑 Conference St. George 11 12 PALS reces 14 15 16 MVW, Payson UT ROR 18 19 20

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Pediatric Crand Rounds (PCR) are education offerings webcast weekly (Spt-Mey) by Pediatric Education Services at Primary Children's Medical Center. They offer CME credit for watching live, Thursdays 0800-0900. Archived presentations are also available. Wait www.primarychildrens.org/argndrounds for more information.

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EMS Crand Rounds (TCR) Feb 21, at 0700 This offering alternates with Trauma Crand Rounds every other month, it is geared towards EMS. Mar 20th, Robert Hoesch, TBA go to http://healthcare.utah.edu/tauma.to-watch.live.and-earn-CME.

Upcoming Peds Classes, April 2013

For PALS and ENP C classes in MVH and Delta contact Kris Shields DK Shields@frontiernet.net April 4th 0900-1300 physician ACLS recert

For PEPP and PALS classes throughout the state contact And y Ostler <u>Aostler@utah.gov</u>
April 8-9th, UVU PEPP

April 12-13th, Fillmore PEPP April 15-18th, U of U PEPP

Sun

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Save the Date

April 27, 2013 Northern Utah Trauma Conference, Logan to register go to loganregional.org/traumaconference

ATLSU OF U -

29 PEPP, Toosle

April 22-23, 2013 EMS Leadership Conference, Moab UT

June 13-15, 2013 Annual EMSC Coordinators Retreat, Bryce

July 1-3, 2013. The Western Pediatric Trauma Conference

July 1-3, 2013 The Western Pediatric Trauma Conference



- It includes a calendar of peds education around the state
- It's free, it's digital, it's printable and it's archived on our website. http://health.utah.gov/ems/emsc/
- I'd also LOVE to have you submit articles and highlight your activities. Being "published" looks great on a resume. ©

EMSC Website and Twitter Site

- Check us out live ...<u>http://health.utah.gov/ems/emsc/</u>
- Follow us on Twitter: EMSCUtah



More Questions?

 Contact our Lead Coordinator Andy Ostler <u>aostler@utah.gov</u> (801)597-7098

Or Tia Dickson, Clinical Nurse Consultant
 <u>Tia.dalrymple@imail.org</u>
 (801)707-3763

